

**Office of Enforcement and Compliance Assurance
HQ Watch List Review Standard Operating Procedures
10/20/05 Final**

I. Summary

Background: The Watch List was developed to provide a strong management framework and tracking mechanism for implementation of enforcement response policies (particularly significant noncompliance and high priority violation policies) for the CAA, CWA-NPDES, and RCRA programs. The Watch List focuses on the implementation of the timely and appropriate elements of the enforcement program with the intent to identify, communicate and fix performance issues which indicate inadequate or inconsistent implementation of the SNC/HPV Policies.

Information reviewed in the Watch List is used by Headquarters and/or the Regions to: implement and oversee the core programs; aid the State Review Framework; identify performance issues for the AA's Regional visits; and provide information to the program office that may be useful in their performance integrity/permitting for environmental results projects. Additionally, data clean up resulting from the Watch List process should help the Regions meet their data quality commitments and mid-year and end-of-year data certifications.

Implementation of the Watch List began in FY 2004. Based on the experience gained since then, OECA is revising the Watch List review to automate and streamline the process, change the review frequency to semi-annually, and to help clarify how Headquarters and the Regions should use the Watch List to improve the management of the timely and appropriate components of the CAA, CWA-NPDES and RCRA enforcement programs. This guide replaces the 2004 Watch List Data Review Guide.

Purpose: The primary purpose of the HQ WL Review Standard Operating Procedure is to identify broad Regional and state performance issues in implementation of SNC/HPV programs. Identification of possible problem areas will lead to discussion with the Regions, and action items if a problem is verified. This allows OECA to provide a strong management framework for implementation of enforcement response policies (including significant noncompliance and high priority violation policies, "Policies") for the CAA, CWA-NPDES, and RCRA programs.¹

Frequency of OECA Review: OECA will perform two national reviews per year that include all Regions. The starting months for the semi-annual reviews will be June and December. These

¹*As the national program manager, OECA's review focuses on identifying broad regional performance issues and evaluating trends that indicate facilities are lingering on the WL. Although the primary focus is on issues, OECA plans to identify and promote best practices. OECA strongly encourages the Regions to do the same.*

reviews will primarily be based on the information submitted by the Regions for the April and October Watch official quarterly Watch Lists. The first review will begin in December, 2005.

II. Overview of Review Strategy: Due to the lack of trend data available, the 2004 OECA reviews focused on a detailed evaluation of each facility. Now that more than one year of Watch List data are available, the review can shift toward identifying overall trends that suggest further dialogue is needed between OECA and the Regional offices, and evaluate instances indicating facilities are lingering on the Watch List. As specified in the “Policies,” OECA expects the Regional offices to take the lead responsibility for Policy implementation – including the expeditious movement of facilities off of the Watch List. OECA will perform two types of reviews, a “Core Review” and an “Administrative Review.” These reviews are designed to identify macro-level issues that require management discussion between OECA and the Regional office, while the Regions follow through on state or facility-specific issues.

Core Review - Overview

OECA’s core review will identify for each Region/state:

- a) when it appears that serious violators are not being identified (key to the integrity of the SNC/HPV Policies and the Watch List process), and
- b) when data suggests that SNC/HPV timeliness is not consistent with the Policies or national practice.

The data measures used to analyze policy implementation will be included in a new WL Manager’s Report (see section below entitled “Watch List Manager’s Report”) that will be produced by the Information Utilization and Targeting Branch (IUTB). The WL Manager’s Report will be the basis for discussions with the Regions. OC will also send a request for information to selected Regions asking about the possible reasons for low HPV/SNC identification rates under the CAA and RCRA. Regional responses received will become part of the dialogue for the OECA-Regional semi-annual meetings discussed below.

The HQ core review consists of two steps:

Step 1. Analyzing the WL Manager’s Report by OECA management (the report will also be sent to the Regional managers).

Step 2. Conducting semi-annual meetings/conference calls between OECA and each Regional office to discuss the WL Managers Report and developing appropriate action items, including follow-up meetings or phone calls as appropriate (see section IV for additional detail). *[Note: OECA will not assume there is a problem based upon the data alone, - - Regional dialogue is needed. The Region should provide feedback or justification explaining why particular data indicators may not be indicative of policy implementation weaknesses. Legitimate reasons should be documented to avoid re-*

visiting the same issue at the next semi-annual meeting.]

Though facility-level review is not a required component of the review guide, some facility-level review may be appropriate to fully understand a potential performance issue and/or prepare for semi-annual conference calls with the Regions. Performing facility-level review can increase OECA's understanding of what is happening within each particular Region or state.

Each responsible OECA office is encouraged to perform facility-level reviews as necessary and to the extent that resources allow. If OC or OCE wants to keep an historic, electronic record of any facility reviews that are performed, the reviewer should enter a "note" into the Watch List Web site. These notes can be helpful for other reviewers, and can serve as reminders during the subsequent review. Additionally, the WL Web site can facilitate facility-level review of priority concerns of OC or OCE. These items are not included in the core review because they may vary across media and change frequently. Examples are: a) Watch List facilities in a priority watershed, b) facilities in a sector of interest, (e.g., NSR, Air Toxics, CSO, etc.) or c) Watch List facilities in an EJ area.

Administrative Review - Overview

The Office of Compliance will conduct an "Administrative review" (e.g., not to identify enforcement adequacy/Policy relationships) to ensure that the appropriate Watch List information is being submitted by the Regions, and to ensure that data quality errors do not persist in the data systems. This review will consist of:

1. Quarterly scan of explanations/status codes to ensure Regions are reporting data (IUTB). *Note that this is not a qualitative review of explanations.*
2. Semi-annual facility-level data quality review (quarterly review should be considered if there is a serious problem in a particular Region or state), including:
 - review of frequency of data quality (DQ) errors (status code=1, and lingering status code 5). See "Measure 6" discussed in Attachment 1. (Data Systems and Information Management Branch - DSIMB).
 - discussions between EPA database manager and Regional data stewards if there is an apparent data quality problem detected.
 - Note: This specific DQ review is intended to identify data quality issues regarding only the basic SNC/HPV data in the SNC/HPV Policy databases of record (e.g., AFS, PCS and RCRAInfo) and not targeted to adequacy of the WL Status Codes or Explanations.
3. Semi-annual facility-level review by CAMPD/CASPD. This facility-level review would serve two purposes. (1) Primarily provide insight into the continuing integrity of the WL data (e.g., Status Codes and Explanations) and (2) Secondly, give the OC Divisions responsible for OECA's "Compliance Monitoring" programs an ongoing view of potential issues related to SNC/HPV

Identification problems (e.g., compliance monitoring related) as might be uncovered by the Watch List project. (See Measure 6d for details).

Approval of Regional Requests to Use "Status Code 9" To Inactivate Facilities from the Watch List for One Year

Regions will now have the ability to request that HQ temporarily inactivate facilities from the Watch List. OC will provide the Regional list of requests to OCE on a quarterly basis. OCE will provide OC with a recommendation for approval or disapproval for each facility, and OC will concur with the recommendations, or will discuss potential disagreements with OCE if applicable before making the necessary database changes that will inactivate a facility. This process will occur in the last two weeks of the following months: March, June, September, December. For details regarding how this Status Code 9 "Inactivation" will be implemented see Section VI, Roles and Responsibilities.

III. Reports Supporting OECA Review - Overview (see Attachments 1 and 2 for details)

1. Watch List Manager's Report
2. Watch List Detailed Report (Regional responses)
3. Watch List Clearance Report (*conceptual-recommended for 2006 if needed*)
4. Watch List Web Site Queries and Filters
5. Status Code 9 Request Report
6. Regional Responses Regarding Low SNC/HPV Identification Rates (see Attachment 3)

IV. OECA Review Process and Format for OECA Conference Calls with the Regions

- OCE will set time and date of meeting/call, and should be based upon the analytic measures discussed in Attachment 1. Division Director level recommended for Regions with significant issues apparent on WL Manager's Report. Branch Chief level is appropriate for Regions with some problems. OCE may decide to waive the need for a call with any Region that appears to have minimal issues (meaning few if any states with data of concern on Manager's Report).
- Calls with should occur within 60 days of receipt of Manager's Report from IUTB.
- OC divisions (ETDD for all calls; CAMPD for CAA/CWA; and CASPD for RCRA) should be invited to the calls.
- DSIMB will communicate and provide copies of their "administrative reviews" (see page 3) to media appropriate OCE Divisions as well as IUTB, CAMPD and CASPD. Significant data quality issues will be highlighted and provided to OCE Divisions prior to their semi-annual meetings.
- OCE and OC divisions will document outcome of calls and follow-up activities. See Attachment 4 for suggested report out format.
- IUTB will manage all completed reports in a way that makes them easily

accessible to reviewers but maintains their enforcement sensitive nature. Reports will be used to develop overall AA Report on a semi-annual basis. IUTB will also maintain a compilation of Regional responses received regarding non-identification of SNC/HPV.

V. Semi-Annual Office Director Report with Findings/Next Steps

- A. The Semi-Annual Office Director level Report will serve as the official record of Watch List trends and key findings or action items that result from the OECA-Regional meetings. In addition to highlights of key project successes, planned changes, and upcoming milestones, an Office Director Report will include the following information:
1. Overall charts and trends. Similar to earlier reports, these will highlight the overall number of facilities on the Watch List, and will use the results of the Manager's Report to chart key project indicators. This will be developed by IUTB. Non-identification of SNC/HPV will be discussed in addition to key Watch List measures (See Attachment 1).
 2. Management Discussion Summary. OCE will submit items, based upon the semi-annual meetings/reviews, to the attention of OECA senior managers. This information will become a short stand-alone section of the Office Director Report that may discuss key action items that are being taken to address performance issues.

IUTB will compile the two sections into one report that will be sent to the Regions jointly by OC and ORE Office Directors, and will be used as the basis for an Assistant Administrator briefing.

VI. Roles and Responsibilities

Effective oversight of regional and authorized State programs is important to maintain fair and consistent enforcement of Federal environmental laws. Oversight of regional and state implementation of the national SNC/HPV policies is an important component of the core mission of OECA. The Regional/state Watch List dialogue and process brings some structure and OECA oversight to the SNC/HPV program. Additional OECA analysis and review of the information submitted by the Regions ensures the overall integrity of the process. OECA is looking for the right balance so that in times of declining resources the WL does not detract from other priorities. The Office of Compliance and the Office of Civil Enforcement are committed to working together to complete the review process set forth above. The Federal Facilities Office (FFEO), and the Office of Criminal Enforcement, Forensics, and Training (OCEFT) will also be involved in the reviews and, at their discretion, may provide analyses and/or issues for incorporation into the Office Directors' reports.

The Office of Civil Enforcement has primary responsibility for the development and interpretation of enforcement response policies, and is the lead office for holding the semi-annual Regional meetings. The Office of Compliance, Enforcement Targeting and Data Division is responsible for maintaining the WL Web site, producing reports, and conducting any review related to data quality (e.g., IUTB related to WL data and DSIMB for basic SNC/HPV data in their respective databases of record for the Policies). The Office of Compliance, Compliance Assistance and Sector Programs Division (RCRA-lead), and Compliance Assessment and Media Programs Division (CWA/CAA lead) will work with OCE to provide assistance on the review of the WL Manager's Report and may provide additional follow-up support in regard to issues that arise in the compliance monitoring area. These two divisions (e.g. CAMPD and CASPD) will also conduct semi-annual review of a targeted number of Regional Watch List response information per Measure 6d. Tally results will be provided to IUTB with a copy to OCE divisions and DSIMB. If additional issues (e.g., related to Compliance Monitoring or SNC/HPV Identification, etc.) are discovered these should be sent to OCE divisions and IUTB also. Dialogue with the Regions regarding these 'additional issues' is optional.

Approval of Regional Requests to Use "Status Code 9" To Inactivate Facilities from the Watch List for One Year (4 Quarters)

OECA recently developed Status Code 9 in response to regional and HQ comments that certain facilities continue to appear on the Watch List, but should not be considered of concern. Beginning in December 2005, and quarterly thereafter, Regions will have the ability to request that a facility be "temporarily removed" from the active Watch List for "extenuating circumstances" that are not covered by Status Codes 1-8.

Status Code 9a - Manual Inactivation Requested by Regions will be approved for extenuating circumstances not covered in Status Codes 1-8, and when no significant changes in status are expected to occur for a long time. The following are examples of possible extenuating circumstances justifying approval of Status Code 9a:

- A formal action has been taken, the final order is under negotiation, and the same violations continue which will be addressed in the final action, e.g., CSO/SSO cases;
- The case is not progressing because of the high level of national policy debate, e.g., CAA referral or NOV is delayed, or the referral is made but not public, e.g., enforcement sensitive;
- The case is in protracted negotiations because of the technical and cutting edge issues;
- The case has been referred to DOJ or State AG and the complaint is expected to be significantly delayed due to resource issues at the time of the referral. After two years from Referral date, OECA expects the regions to use Status Code 6 for these referrals. In addition, OECA will consider other extenuating circumstances on

- a case-by-case basis;
- A Region has previously submitted a Status Code of 2a or 2b and due to extenuating circumstances requests Status Code 9; or
- Additional extenuating circumstances will be considered by OCE on a case-by-case basis with appropriate justification.

Status Code 9b - Manual Inactivation Approved by OECA (Only OECA may use this Status Code 9b). This code “temporarily removes” facilities from the active Watch List for one year beginning the quarter following the regional request which is the month of the OECA approval.

The following approval process applies to all requests for Status Code 9a:

- Region submits Status Code 9a and Explanation with normal “quarterly” report (QRRR). The regional “Explanation” gives specifics and justification for OCE review and approval.
- OC will provide the list of requests to OCE in an Excel spreadsheet on a quarterly basis.
- OCE will provide OC with a recommendation for approval or disapproval for each facility by the 12th of the month following the regional request (approximately 30 days from receipt of the Excel sheet).
- OC will concur with the recommendations, or will discuss potential disagreements with OCE if applicable before making the necessary database changes that will inactivate a facility.
- Status Code 9b will be entered by IUTB/ETDD in the official quarterly refresh, e.g., Jan, Apr, Jul and Oct. Regional notification will occur through the quarterly refresh when regions will be able to see all of their status codes.
- The inactivation will be effective the quarter following the Regional request, which is the month of approval by OECA and will continue for four (4) consecutive quarters.

VII. Key Milestones

Actual dates may vary slightly **Watch List Milestones - for October 2005 through July 2006 Official Quarters**

Watch List Month>>	October 2005	January 2006	April 2006	July 2006
Regional-State Dialogue Period				
Estimated Date of Official Data Availability ⁽¹⁾	October 28	January 27	April 28	July 28
OC sends request for supplemental information to Regions exhibiting possible SNC/HPV identification problems.	First week of November	N/A	Apr 30	N/A
Regions Submit WL Facility-specific Response Spreadsheets	December 6	March 6	June 5	September 6
Selected Regions Submit "Low SNC/HPV Rate" responses	December 6 ⁽²⁾	N/A	June 5 ⁽²⁾	N/A
Responses Available in WL Web site	December 17	March 17	June 16	September 15
OECA Review Period for March/September Regional responses				
WL Managers Report and WL Detailed Report Completed - Transmitted to OECA Divisions and Regions	~ December 30	N/A	~ June 30	N/A
OECA Review and Conference Calls with Regions to Review Dec/Jun responses	60 days from receipt of Manager's Report	N/A	60 days from receipt of Manager's Report	N/A
OCE completes meeting summaries & OD Report section (see Attachment 4)	Feb 28	N/A	Aug 30	N/A
Management Review, Briefing, and Report Completion				
OC Develops Draft Semi-Annual Watch List Report	Mar 8	N/A	Sept 7	N/A
Report Sent to Regions after OC/OCE OD briefing and concurrence	Mar 21	N/A	Sept 21	N/A
AA/DAA Briefing Occurs	late-Mar	N/A	late-Sept	N/A

Footnotes:

- (1) OECA will email Watch List contacts when data are available. Regions should then pull their Watch List to start their Quarterly state dialogue.
- (2) OECA prefers that this information be submitted with the quarterly Watch List submission. For the December 2005 Regional Response, Regions that need additional time for state dialogue may submit the Low SNC/HPV Rate response by the end of December.

Attachments

- Attachment 1 - Detailed Discussion of Manager's Report Measures
- Attachment 2 - Sample of Manager's Report Format (*See pdf version or Excel File*)
- Attachment 3 - Draft Version of SNC/HPV Identification Questionnaire to Regions
- Attachment 4 - Example of HQ/Regional Meeting Report Out
- Attachment 5 - Status Codes
- Attachment 6 - List of key Watch List project documents

Intentional Blank Page for Printing

Attachment 1 - Watch List Reports Available to OECA Reviewers

A. Watch List Manager's Report Content and Reviewer Analysis Suggestions

The Watch List Manager's Report will provide a Region-by-Region table with Regional and State SNC/HPV performance data. The report will be developed using IDEA/OTIS, and will be provided to OC and OCE Division Directors, and Regional Branch Chiefs and Enforcement Coordinators.² The report will contain summary statistics (not facility-level data). See Attachment 2 for an example of the report. Based on the statistics in the report, OCE will have the lead responsibility for determining what issues need to be discussed in each semi-annual Regional conference call. Items of concern will normally be **flagged** in the Manager's Report. OC will examine the report and may provide input to OCE in organizing the discussion with the Region. Measures shown below with an asterisk are those that mirror, or very closely mirror data metrics from the State Framework Project.

MEASURE 1: SNC/HPV Identification and Reporting

Measure 1a. SNC/HPV Identification Rate* (CAA and RCRA only).
Universe= CAA Majors, and all RCRA inspected facilities in the last full fiscal year. Regions with states $\frac{1}{2}$ below the national average should complete the set questions found in Attachment 3.

Measure 1b. Percent of Facilities with Formal Actions Receiving an SNC/HPV listing. Measure examines all enforcement actions taken by the state in the last full fiscal year, plus the current fiscal year, and will examine the percent of these facilities that were listed in SNC during this same time period. CAA universe=majors, RCRA universe=all, CWA universe=majors. A national average will be derived, and states that significantly depart from the national average on the low side should be examined by the Region (particularly if a State Framework review is upcoming).

Discussion: If a Region or state is not properly identifying SNC or HPV, then they are not meeting the requirements of the enforcement response and compliance monitoring policies. Proper SNC/HPV identification is the foundation for management use of Watch List data, thus in states with an actual problem in this area, dialogue should be on identification rates, not Watch List data. If SNC/HPV identification is a problem within a particular state, then the Region should focus its meetings with that state on SNC/HPV identification. If these meetings result in a finding that the

²This report will be manually produced and will not be available on-demand for Regional trips, etc. It will take IUTB approximately 2 weeks to produce this, so it will be limited to 2 pulls per year.

state has developed methods that result in extremely high compliance rates, this is a positive outcome that should be shared as a best practice.

OECA Reviewer Analysis: If a Region or state is below ½ of the national average for Measure 1a (in comparison to inspection activity), or appears to have a low percentage for Measure 1b, OC will request additional information from the Regional office (see Attachment 3) that will explain the suspected reason for low SNC/HPV identification. Increased emphasis should be placed on states that have discovered zero SNC/HPV. If a state is frequently taking formal enforcement actions without listing facilities in SNC/HPV, it is a strong indicator of lack of SNC/HPV reporting - OCE should discuss this issue during Regional conference call. *[Note: Responses provided by the Region for Measures 1a and 1b (if requested by OECA) is necessary prior to OECA-Regional Watch List meetings.]*

Supplemental indicators

If the data pulled under Measure 1 are inconclusive for particular Regions or states, or if additional information is needed, IUTB will furnish this information upon request (OTIS Management Reports can also produce this information). Supplemental indicators include: SNC/HPV identification rate in comparison to major facilities in the universe; significant reductions in SNC identification within a state over time; artificially high rates of SNC/HPV identification that may raise data quality or program concerns, or low percent of facilities with NOV's have been flagged as SNC/HPV (as a surrogate indicator of potential HPV/SNC)?

MEASURE 2: Timeliness of Enforcement Response.

Measure 2a. Average time to resolve/address SNC/HPV for facilities that have received an enforcement action. "Resolved" and "Addressed" has different definitions in each of the media programs. For the purpose of this measure we will use the same definitions as used in EPA's End of the Year Reporting for FY 2000-2004.

CAA - "addressed" means that facility has received a formal enforcement action from the lead Agency (e.g., EPA or State) for the violations which made them an HPV.

CWA - "addressed" means that facility has returned to compliance on their own or has received a formal enforcement action from the lead Agency (e.g., EPA or State).

RCRA - "resolved" if all violations have been addressed by a formal enforcement action from the lead Agency (e.g., EPA or State), and the facility has adhered to the compliance schedule established in the formal enforcement agreement.

Measure 2b. Timely Action to Address SNC/HPV (Percent of Actions that Exceed Formal Action Milestones).

Measure 2c. Percent of SNC/HPV Facilities Making the Watch List
(will include only WL criteria that relate to timeliness)

** Use same methodology as State Framework.*

Discussion: Measures 2a and 2b provide a balanced picture of timely action by looking at all SNC/HPVs (not just those entering the Watch List). A low percent of facilities should make the Watch List, and Measure 2c examines this issue. Without providing express cut-off points of concern for these measures, the OECA review should determine whether the Region and states fall into an expected range. For example, if 30% of SNCs make the Watch List nationally, but in a state, 60% of facilities make the Watch List, this might be an issue of concern. In the RCRA program, the policy allows 20% to exceed the timeliness standard. This measure will provide the percentage for each Region and State.

Review Analysis: The existing timeliness expectations for the core programs are:

CAA: 270 days to address an HPV with a formal action.

CWA: Action to be taken by the end of the second consecutive QNCR reporting quarter during which the facility is listed in SNC for the same violation.

RCRA*: Under new ERP, Regions and States have 240 days to take a formal action, and 360 days if the enforcement action is judicial. (The measures above provide some level of "grace period" by focusing on day 360 rather than day 240).

** Analysis is probably not possible under RCRA until RCRAInfo Version 3 is released. Data entry practices in some states may confound this analysis for RCRA.*

MEASURE 3. Length of Time Facilities Stay on WL

Measure 3a. Average Length of Time (months) on WL.

Discussion: Will calculate the average number of months that facilities are on the Watch List, including all those that have been removed in the last year, and those that are currently on the WL.

Review Analysis: Is the Region or State an Outlier in Regard to the Average Length of Time that a Facility stays on the Watch List? This metric will provide the range of values for all Regions and States. OECA reviewers should assess this data and determine which Regions (and/or states) require additional management discussion.

Measure 3b. Number of Facilities On Watch List for 3 or More Quarters.

Discussion: This additional measure allows OECA to determine if facilities are lingering on the Watch List without resolution. If a reviewer wants to see the actual list, the WL Website will provide this information.

Review Analysis: Reviewers should determine whether the number of facilities shown on this list indicates a problem moving cases through the enforcement process.

MEASURE 4. Potential Lack of Enforcement Escalation. Measure will show the number of facilities on the current WL for 2 or more quarters that have 5 or more NOVs and no formal enforcement in the last five years.

Discussion: These facilities are of concern because the data appears to show frequent informal action without escalation.

Review Analysis: If a high number of these facilities appear on the list for an individual Region or state, the OCE reviewers may want to review the Regional responses in some detail prior to the conference call with the Regions. Reviewers that want to examine facility data can use restrict their WL query by the Region or state, and then sort the output based upon the number of NOVs.

MEASURE 5. Management Decisions Not Timely. Number of Facilities in “Under Review - Status Code 3” for 2 or more quarters.

Discussion: These facilities appear to be stuck on the HPV/SNC list without a management decision.

MEASURE 6. Integrity of Watch List Data (*measures geared toward OC database manager review*).

Measure 6a: Number of Facilities in Data Error for 2 or More Quarters.

Measure 6b: Percent of Facilities in “Data Error” on most recent WL Official Quarter

Measure 6c: Percent of Facilities with “Action Taken” but do not come off Watch List within 60 days (e.g., 60 days from date of Official Quarterly Watch List).

Measure 6d: Integrity of Quarterly Regional WL Responses. Facility review to determine whether status codes are adequately reported, and explanations match data and provide who, what, and when information.

CAMPD (CAA & CWA)/CASPD (RCRA) will each review a total of 50 WL facilities (e.g., estimated by 1 per State, identified randomly by IUTB).

Note: Measure 6d will not require review of databases of record (e.g., AFS, PCS or RCRAInfo) but only information available from the WL Secure reports. Purpose is two fold: (1) Integrity of the WL Regional Response data (e.g., Status Code & Explanation and (2) Identify potential SNC/HPV ‘identification’ issues related to Compliance Monitoring.

Discussion: These measures help determine the integrity of the of the underlying SNC/HPV data in the databases of record (e.g., AFS, PCS and RCRAInfo) for measures 6a-6c as well as the integrity of the WL response data for 6d (e.g., Status Code and Explanations - Who, What and When).

Review Analysis: The Office of Compliance (e.g., ETDD/DSIMB) should take the lead in initiating discussion with Regional database managers if the number of facilities in the 6a category is more than 5 per state, or if Measure 6b raises to about 10% of the total number of facilities on the Watch List. The WL Web site can produce facility lists. Because these discussions are more technical in nature, it is recommended that they be done outside the context of the semi-annual OECA-Regional management meetings, and that OC staff enter HQ Notes to track action items agreed to. However, the review conducted to support Measure 6d will be led by media specific groups within CAMPD and CASPD and should be part of the OCE led dialogue with the Regions.

Supplemental data in Manager's Report

For context, the Managers Report will also show the following AFS, PCS and RCRAInfo information (i.e., from IDEA/OTIS):

- Number of facilities regulated
- Number of facilities in SNC or HPV
- Number of facilities on WL
- Breakdown of what status codes were reported by the Region (numbers shown for Region and states).
- Percent of facilities on WL for 1, 2, 3, 4, 5+ quarters
- Each Region or State report will show national averages for comparison for all measures above.

B. Watch List Detailed Report

IUTB will supplement the WL Manager's Report with a detailed report sorted by Region and State that includes all Watch List facility names, status codes, and explanations. This will be provided in hard copy to each OCE Division Director, and is available to reviewers on the WL Web site using the Secure HQ Download option. This will allow managers to look information up if there are questions or concerns that arise from the macro level review. These reports will be sorted by Region, State and Status Code similar to the ones produced for the Apr'05 "Interim WL Review".

C. New Watch List Clearance Historic Report *[This report is put in as a placeholder, as resources are not available at this time to program the report. If resources are made available, this could be incorporated into the 2006 Watch List reviews.]*

Discussion: *This new Watch List report would provide facility level data similar to the original Watch List reports, but would only include Watch List facilities which have recently "cleared" the Watch List. The report would provide reviewers with critical information about why facilities leave the WL.*

Content:

- *Facilities which have cleared or come off list in last 6 months;*
- *'last' Status Code given by Region will give some insight to why cleared;*
- *Were penalties and/or injunctive relief possibly included?;*
- *What formal enforcement action type may have been reason for 'clearing' Watch List?;*
- *Date range between Formal Enforcement action and Watch List clearance?*

Review Analysis

- a. *Is there a pattern within a Region or State that a high # or % of “cleared” Watch List do not have formal enforcement?*
- b. *Is there a pattern within a Region or State that indicates that decisions not to take enforcement are frequent (Status code 2a/b - No Enforcement);*
- c. *Were facilities given an “enforcement status” but did not receive enforcement (e.g., Status Code=4 or 5 but no formal enforcement indicated in last 60 days).*

Why should we analyze the facilities when they “clear” or come off the watch List? *Proper implementation of the SNC/HPV Policies, including their Enforcement Response Timeliness and Adequacy (e.g., T & A) provisions is key to having an adequate “core” enforcement program in the States and Regions. These analytic techniques and this new report were developed to give reviewers and management an analytic tool to identify programs where inappropriate implementation of the Policies exists.*

D. Watch List Web Site Reports

The WL Web site will continue to provide existing reports that can be helpful in the review process. HQ reviewers can continue tracking notes.

E. Status Code 9 Review Report

Will be provided on a quarterly basis to allow OECA reviewers to determine whether Status Code 9 requests should be honored.

Current Official Month/Quarter/Year:
Example: Apr/02/2005
See Cell Comments also

Attachment 3
Sample "Manager's Report"
Media - CAA

of 'Concern' Items exaggerated for Example Only

Watch List OECA Review

Measure #	Measure Description	Metric #	Metric Description	Metric "Concern" Value	# of States beyond 'concern range' in Region/Nation	Nation Avg.	Region Avg.	Nation Total	Region Total	Regional - % of National	Region 'xx'					
											State 'A'	State 'B'	State 'C'	State 'D'	State 'E'	State 'F'
Measure 1	SNC/HPV Identification Rates (Majors)	1a	Percent of Inspected 'major' facilities with new SNC/HPV Discovered (Inspection based)	< 1/2 National Average	2 / 5	5.7%	4.0%				1.7%	2.9%	7.1%	2.1%	1.3%	9.0%
		1b	Percent of 'major' facilities with Enforcement & new SNC/HPV Discovered (Enf. Action based)	< 1/2 National Average	3 / 13	55.1%	27.2%				21.2%	21.4%	45.1%	40.3%	33.1%	16.3%
Measure 2	Timeliness of Enforcement Response (SNC/HPV)	2a	Avg. Time to resolve a SNC/HPV	> 1/2 National Average	2 / 9	298	405				320	533	400	405	602	401
		2b	Percent of SNC/HPV Actions Exceeding Formal Action Milestones	> 1/2 National Average	2 / 14	61.0%	85.0%				65%	60%	72%	71%	97%	75%
		2c	Percent of SNC/HPVs making the Watch List	> 1/2 National Average	3 / 13	22.5%	31.1%				26.2%	45.1%	8.7%	24.3%	41.3%	37.8%
Measure 3	Length of Time Facilities Stay on Watch List	3a	Avg. length of Time on Watch List (months)	> 1/2 National Average	2 / 8	7.3	14.8				9.9	14.9	8.9	9.8	18.2	10.1
		3b	Number of Facilities on Watch List for 3 or more Quarters	> 1/2 National Average	2 / 4			180	140	77.7%	14	30	10	9	70	10
Measure 4	Number of Watch List with 5 or more NOV's and Watch List 2 or more Quarters	4	Number of Watch List with 5 or more NOV's and Watch List 2 or more Quarters	> 5 facilities	1 / 5			45	15	33.3%	3	4	3	2	6	1
Measure 5	Management Decisions Not Timely	5	Number of facilities in "Under Review" for 2 or more Quarters	> 5 facilities	1 / 6			36	17	47%	1	0	1	0	12	3
Measure 6	Integrity of Watch List Data	6a	Number of Facilities in "Data Error" (SC=1) for 2 or more Quarters	> Zero (0)	1 / 3			26	6	23%	0	0	0	0	8	0
		6b	Percent of Facilities in "Data Error" (SC=1) in recent WL "Official" Qtr	> 1/2 National Average	1 / 4	11.6	22.5				13.2	9.4	7.7	8.2	55.5	7.6
		6c	Number of Facilities with "Action Taken" (SC=5) for 2 months after "Official" Qtr	> 5 facilities	2 / 5			12	6	60%	0	3	0	1	5	0
		6d	Number of Facility-level Reviews for WL data integrity	2 or more states/responses with inaccurate WL response	2 / 6	20%	33%	10	2	20%	0	0	0	1	1	0

Color Code Legend:
Red - Potential OCE Dialogue with Region (Pattern is 'dots')
Yellow - Potential OC Dialogue with Region (Pattern is vertical lines)

Mgr's Report - Measures
MR-test-Attach2-10-25-05.xls

Current Official Month/Qtr/Yr:
Example: Apr/02/2005
Note: Unless specifically noted as different in cell comment.

**Attachment 2
Sample Mgr's Report
Supplemental Data
Media - CAA**

Data Description	Sub-data	Sub-data Description	Nation Avg.	Region Avg.	Nation Total	Region Total	Regional Percent (%) of National	Region xx (State)							
								State 'A'	State 'B'	State 'C'	State 'D'	State 'E'	State 'F'	State 'G'	State 'H'
Number of Facilities	Total	Number of Facilities (Total Database)													
	Majors	Number of Facilities (Majors Only)													
Number of Facilities in SNC or HPV	Total	Number of Facilities in SNC or HPV (Total Facility Universe)													
	Majors	Number of Facilities in SNC or HPV (Majors Only Facility Universe)													
Number of Facilities on Watch List	Last Official Qtr	Number of Facilities on Watch List (Total Universe)													
		Number of Facilities on Watch List (Majors Only)													
	Last Month of Official Qtr	Number of Facilities on Watch List (Total Universe)													
		Number of Facilities on Watch List (Majors Only)													
Breakdown of "Active" facilities by Status Code (Based on last "Official" WL Quarter) (Status Codes)	1	Data Error													
	2a	Management Decision - No Enforcement													
	2b	Out of Business - Violations Stopped - No Enforcement													
	3	Under review													
	4a	Action Planned - Formal Action In Progress													
	4b	EPA to Take Lead													
	4c	State to Take Lead													
	4d	Action Planned - Case Development in Progress													
	5	Action Taken													
	6	Referral Older than 2 years													
WL manually 'inactivated' (Status Code=9) for one year (requested/approved)	9	"Total" Current "Official" Qtr WL 'inactive' for one year requested/approved													
	9	"New Only" Current "Official" Qtr WL 'inactive' for one year requested/approved													
Percent of Facilities on Watch List for "n" Quarters (Qtrs) (Based on Current "Official" Quarter)	1 Qtr														
	2 Qtrs														
	3 Qtrs														
	4 Qtrs														
	5 Qtrs														

Attachment 3
Enforcement Sensitive - Pre-Decisional
Request for Additional Information Regarding Low SNC/HPV Identification Rates
OECA Watch List Review SOP

Example email message:

SUBJECT: Request for Information in Follow-up to Watch List Project SNC/HPV
Identification Analysis
TO: Regional Media Branch Chief or Regional Enforcement Coordinator
Enforcement/Media Division Director (*if issue warrants*)
FROM: Branch Chief, Information Targeting and Utilization Branch
CC: OCE DD-BC and designated representative, ETDD Division Director, CASPD
and CAMPD designated representative

As part of OECA's review of the Region's SNC/HPV and Watch List Quarterly Response Report, we are providing the attached because key indicators show that either the Region or particular states fall outside national averages regarding identification of significant noncompliers or high priority violators. OECA plans to discuss these indicators during the semi-annual Watch List Conference call that will be scheduled between <<date y>> and <<date x>>. Please respond by <<date z>> to the questions listed in the attached form for the states(s)/Region programs listed below. Unless specifically identified as Regional), below issues regard state performance.

State 'yy'	CAA Measure 1b
State 'xx'	CAA Measure 1a & 1b
State 'yy'	RCRA Measure 1a & 1b
R00	CAA Measure 1b (Region)

Attached is a comparison of the above states/Region to the National averages. (Table 1). We are concerned that the Watch List may not be serving its designated management function within these states if there is in fact a problem identifying or reporting SNC/HPV (meaning there are few Watch List facilities). We request you discuss with the state on overall SNC/HPV identification issues during your quarterly HPV/SNC discussion. We recommend discussion on the attached questions during your quarterly SNC/HPV and Watch List meetings that support your <<insert date>> Watch List Quarterly Response report (e.g., Status Codes and Explanations). The next page contains additional context to assist in the discussion mentioned above.

Please note that these measures closely mirror data metrics used in the State Review Framework (SRF) project. If you have recently reviewed a state for this issue under the SRF, your findings may help you respond to this request under the Watch List project.

Email Attachment: Example Regional Response Format (pg 24)

Table #1
Memo to Reg'l EC's
Request for Additional Info. - Low SNC/HPV Identification

of 'Concern' items exaggerated for Example Only

Measure #	Measure Description	Metric #	Metric Description	Metric "Concern" Value	# of States beyond 'concern range' in Region/Nation	Nation Avg.	Region Avg.	Nation Total	Region Total	Regional - % of National	Region '00'		
											State 'xx'	State 'yy'	State 'zz'
CAA	Measure 1	SNC/HPV Identification Rates (Majors)	1a	Percent of Inspected 'major' facilities with new SNC/HPV Discovered (Inspection based)	< 1/2 National Average	1 / 5	5.7%	4.0%			1.7%	2.9%	7.1%
			1b	Percent of 'major' facilities with Enforcement & new SNC/HPV Discovered (Enf. Action based)	< 1/2 National Average	2 / 13	75.1%	27.2%			21.2%	23.4%	45.1%
RCRA	Measure 1	SNC/HPV Identification Rates	1a	Percent of Inspected facilities with new SNC/HPV Discovered (Inspection based)	< 1/2 National Average	1 / 5	12.7%	11.4%			1.7%	13.9%	8.1%
			1b	Percent of facilities with Enforcement & new SNC/HPV Discovered (Enf. Action based)	< 1/2 National Average	1 / 10	84.1%	58.2%			21.2%	63.4%	75.1%

Note(s): 1.) Metrics mirror similar measures in the State Review Framework.

2.) Metric 1a and 1b are identical to the SRF Metrics 4a and 4d in the SRF for both CAA and RCRA

Color Code Legend:

Red - Request Regional Additional Information. Potential OCE Dialogue with Region (Pattern is 'dots') Mgr's Report - Measures
 Table1-Memo to ECs-M1a-1b.xls

Background: Implementation of the SNC/HPV Policies depends upon State/Regional EPA Compliance Monitoring programs that have adequate “inspection coverage” of the regulated universe of facilities and also “identify” historic and current violations. Measure #1 (1a and 1b) of the Watch List HQ Review process involves an initial review of each State/Region’s Rate of SNC/HPV Identification in order to determine if there are potential issues. The Region is asked to respond to a few questions to inform discussions between OECA and the Region on the Watch List. These responses are provided to OECA Offices as they plan their semi-annual dialogues with the Regions.

REASONS FOR LISTING:

- **Discussion:** If a Region or state is below ½ of the national average for SNC/HPV for either or both of the following metrics then Regional answers to the following potential reasons may provide valuable insight to (1) conducting a dialogue with OECA and (2) determining if a systemic issue exists:

Measure 1a: **SNC/HPV Identification Rate (CAA and RCRA only)(below ½ National Avg).**

- Identification of SNC/HPV based on inspection levels (e.g., per 100 inspections);

Measure 1b: **Percent of State Enforcement Actions receiving an SNC/HPV listing**

- Examines how frequently a state takes action without listing a facility as SNC/HPV (indicator of integrity of SNC/HPV identification process). If state is an outlier, Region should examine issue closely.

Potential Reasons that Regions/States seem to have low violation identification rates (this is not an exhaustive list, but may be useful in framing your discussion with states)

1. **Data Quality** - information is not entering the system (e.g, “x” state RCRA inspections and SNC determinations, Region “y” state inspections for CAA).
2. **Disagreement Regarding HPV/SNC Policy** - some anecdotal evidence suggests that states may not enter SNC/HPV because they do not agree with the underlying policy, or do not want to "trigger" additional oversight from EPA.
3. **Program weakness** - Program weakness could include things such as:

o poor inspectors/inspector training;	o lack of resources
o lack of support for the enforcement process	o poor targeting
4. **Real Differences in Noncompliance Rates** - some states may have achieved noncompliance rates well below national averages due to well-run programs, or because the mix of regulated facilities within their jurisdiction is less likely to violate. Under this scenario, low SNC/HPV identification is a result of good compliance rather than program weakness. However, by focusing on severe outliers OECA would less likely select Regions/states in this situation.
5. **Small Universe of Facilities are regulated in the state, so it is not unexpected that SNC/HPV are not discovered.**
6. **More stringent enforcement.** If a state routinely takes formal actions against facilities that do not meet HPV or SNC definitions, it is possible that their percentage under Measure 1b is low, but the state is adequately following Policy.

Suggestions for Regional dialogue/action items with State:

The Region has several analytic tools available that will provide a more complete picture of SNC/HPV discovery.

- 1.) Pull a list of actions within 1 year to see if the state entered violations and/or HPV/SNC. The easiest way to do this is to use OTIS to select all state enforcement actions within the last year. Then sort the output so the highest penalty amounts come out on the top of the output, and review the Detailed Facility Report to see whether violation and/or SNC/HPV data were entered into the system. The Region should ask why these cases were not listed as SNC/HPV.
- 2.) The Region may want to compare the rate of SNC/HPV discovery from EPA Regional inspections to the rate of discovery by states to aid in dialogue or substantiate state's claims about validity of discovery rates. If the Region routinely finds SNC/HPV in a state that does not seem to find SNC/HPV, this is a strong indicator of a problem. Regions can perform this analysis using OTIS Management Reports.
- 3.) If problems are evident, or there is some question about the program, the Regional office should consider looking closely at state inspection and enforcement files during next State Review Framework review.
- 4.) Prior to meeting with the state, the Region can use OTIS Management Report query to look for "drop-offs". For example, did the state historically find about 50 HPVs per year, and now they are finding 2 or 3 in a year.
- 5.) If the State is delaying entry of SNC/HPV until the enforcement action is taken, the Watch List will not accurately show the appropriate facilities. Data regarding data entry "lags" are available upon request from the OECA Watch List staff (and will eventually be available on the State Review Framework home page).

Sample Regional Response to SNC/HPV Identification Issues

Submit one response for each State or Region (if issue pertains to whole Region) to leriche.arnold@epa.gov.

Submitted by: Region xx

Date Submitted:

Pertaining to: State - yy Region - xx (State or EPA issue(s)?)

Person Submitting Response: _____

- 1.) Is there evidence the state routinely takes formal action without appropriately designating SNC/HPV, or by designating SNC/HPV only after the enforcement action is taken?

- 2.) Does the Regional office agree or disagree that there is actually a SNC/HPV identification problem, and why? Please be as specific as possible.

- 3.) If a problem was identified, has the Region yet discussed the problem(s) with the state, and what is their position?

- 4.) Does the state agree to take actions to fix the problem?

If yes? List action items/milestones

If no? Is there a disagreement between Region and state and what is the nature of the disagreement?

Note: If the Region has performed a State Framework review of the above state, your final report language may help answer the questions above. Please attach any relevant findings from SRF.

Attachment 4 - Suggested Report-out Format for HQ-Regional calls

Date of Call/Meeting: _____

Media: _____

Region
: _____

Lead OCE Manager:

HQ Participants:

Lead Regional Manager:

Regional Participants:

Did OECA request that the Region to submit a discussion regarding low SNC/HPV Identification (Measure 1)? _____

If yes, please list states here:

If yes, please attach Regional response form (see Attachment 3), with annotated notes of OECA discussion and any follow-up/action items to this.

What action items, if any, were agreed to regarding SNC/HPV identification?

Attachment 4 Continued - Suggested Format

Discussion Topics/Issues of Concern (recommend that OCE/OC fill in left side of table prior to call).

SAMPLE - NOT ACTUAL INFORMATION

#	Issue of Concern	Pre-Meeting Analysis	Discussion Summary/Outcome	Agreed to Action Items/Milestones
1	State X does not appear to take timely action	Measure 2a - Average Time to Resolve SNC is 400 days, well above requirements and average. Measure 3 shows 70% of facilities make WL	Region agrees that state is having trouble meeting timeliness milestones. Mostly attributed to recent staff retirements.	Region will press state to reallocate resources to this function. Region will request "case lead" change for 2 state cases to reduce state backlog.
2	State Y does not appear to properly escalate enforcement response.	Measure 6 - State Y has 12 facilities on WL for 2+ quarters with 5+ NOV's.	Region agrees there is a problem.	Region will meet with state within 30 days and discuss case specifics and determine how actions can be closed out. Region will send a summary of outcome. Region will begin looking for NOV without action pattern in state to initiate earlier discussions in the future.
3	Region has 4 of 5 states above National Average for Length of Time on WL.	Measure 4.	Region believes that the average time to resolve is artificially inflated by a set of cases with litigation stalled for "x" reason. Region does not agree a problem exists, and will request "status code 9 inactivation."	Numbers will be recalculated at next semi-annual meeting to see if this issue is resolved.
4				
5				

Attachment 5

Watch List Status Codes

<p>1 - Data Error – This category captures facilities that were erroneously flagged for the Watch List because of an error in the data systems. For example, a false SNC, or the lack of entry of the enforcement action. Also, use this “Status Code” for AG or DOJ referrals which were not entered into “legacy” system. When these entries are corrected, the facility should normally clear off the Watch List in the next data update.</p>
<p>No further enforcement action needed - This category captures facilities that have been reviewed and either no action is warranted or appropriate action has been taken. Submit either “2a” or “2b” as defined below:</p> <p>2a.) Management Decision:</p> <ul style="list-style-type: none"> • a non-enforcement resolution is required such as a revised permit, change in detection limit, or Quality Assurance issue, • the violation was resolved without need for formal action, or • no ‘formal enforcement’ action planned (management decision - case of low priority) <p>2b.) Out of Business - Facility is ‘out of business’ and violations are no longer continuing, thus no further enforcement is planned.</p>
<p>3 - Under Review - This category captures facilities that require further review to determine if a formal enforcement action is appropriate (no formal decision has been made to take a formal action). This category includes facilities where:</p> <ul style="list-style-type: none"> • additional investigation or review is required, or • discussion with the State is required.
<p>Action Planned - This category captures facilities where it has been determined that a formal enforcement action is appropriate. The Region should report one of the four relevant categories below:</p> <p>4a.) Formal Action In Progress (i.e. enforcement decision made) or is being drafted;</p> <p>4b.) EPA to Take Lead. Agency ‘lead’ will change to EPA;</p> <p>4c.) State to Take Lead. Agency ‘lead’ will change to State;</p> <p>4d.) Formal Action Planned - Case Development In Progress. Additional case development investigation is required prior to action.</p>
<p>5 - Action Taken - This category captures facilities where ‘formal enforcement’ action has been taken very recently, but was not in the data system at the time that the Watch List was pulled due to accepted data entry practices and timelines per national guidelines/policies. This category includes facilities where:</p> <ul style="list-style-type: none"> • a ‘formal enforcement’ action (e.g., complaint/order issued) has occurred but there is an accepted or normal data entry time lag within time period established by applicable policies or, • a civil judicial referral has been recently made to the Department of Justice (or State attorney general) <p><i>NOTE (1): OECA expects that the entry of the action into the data system by the State or EPA will remove the facility from the Watch List during the next data pull.</i></p> <p><i>NOTE (2): Data entry delays which are beyond accepted practices (ex: 2 months) should be reflected as Status Code #1 - Data Error.</i></p>
<p>6 - Referral Older than 2 Years - This category captures facilities where a referral has been made and is beyond the “formal enforcement period” (e.g., 2 years) of the Watch List Criteria (i.e., the case is ‘referred’, by the environmental agency, to the Attorney General (AG) or to the Dept. of Justice (DOJ)). For this “Status Code” the referral must address the violation which caused the facility to be on the Watch List.</p>
<p>7 - Enforcement Order - On Schedule - Some facilities on long-term compliance schedules are under enforcement orders that anticipate some non-compliance with original permit terms until compliance with the order is complete. Regions can use this “Status Code” if they are satisfied that the order addresses all non-compliance problems that are causing the facility to be shown on the Watch List.</p> <p>NOTE: After using Status Code 7 (or 8) the Region will not be required to provide a status code or explanation for this facility for the next two (2) quarters unless the case status changes. OECA will continue to track these facilities on the automated Watch List as “Inactive” but require the less frequent review (i.e., after using this code, the Region will not have to supply a new status code for the next two quarters).</p>

8 - Lead Enforcement for Case Referred to Another Program. Use this code if the case has been referred for lead action to another program, e.g., Superfund which may be applicable in the case of RCRA corrective action. Refer to Status Code 7. Refer to Status Code 7 note – OECA will not require a Regional status code or explanation for the two official quarters after this code is used.

9a - Manual Inactivation Requested by Region. This code will be approved by OECA for extenuating circumstances not covered in Status Codes 1-8 and when no significant changes in status are expected to occur for a long time. For example: A formal action has been taken, the final order is under negotiation, and the same violations continue, e.g., CSO/SSO cases; the case is not progressing because of the high level of national policy debate, e.g., CAA referral or NOV is delayed, or the referral is made but not public; the case is in protracted negotiations because of the technical and cutting edge issues; the case has been referred to DOJ or State AG and the complaint is expected to be delayed due to resource issues at the time of the referral. After two years, OECA expects the regions to use Status Code 6 for these referrals. In addition, OECA will consider other extenuating circumstances on a case-by-case basis; a Region has previously submitted a Status Code of 2a, 2b, or 6 and due to extenuating circumstances requests Status Code 9. Additional extenuating circumstances will be considered by OCE on a case-by-case basis with appropriate justification.

9b - Manual Inactivation Approved by OECA. This code “temporarily removes” facilities from the active Watch List for one year beginning the quarter of OECA approval.

Attachment 6
List of key Watch List project documents in Chronological Order

I. The following documents are on the Watch List web page:

- A. Memo from John Peter Suarez, Assistant Administrator for Enforcement and Compliance Assurance, announcing "Initiation of National Facility Watch List Project - Jan 28, 2004
 - 1. Watch List Management Fact Sheet (Attachment 1 to OECA AA memo) - Jan 28, 2004
 - 2. Watch List Standard Operating Procedures for EPA Regions - Apr 27, 2004 (*Note that this document will be revised in mid-2005*)
 - 3. Memo from John Peter Suarez, Assistant Administrator for Enforcement and Compliance Assurance, announcing Watch List Data Review Period (Oct 30, 2003)

II. SNC/HPV Policies:

A. CAA HPV Policy:

- 1. The Timely and Appropriate (T & A) Response to High Priority Violations, dated December 22, 1998;
<http://www.epa.gov/Compliance/resources/policies/civil/caa/stationary/issue-ta-rpt.pdf>
- 2. Workbook: The Timely and Appropriate (T & A) Response to High Priority Violations, dated June 23, 2000
<http://www.epa.gov/Compliance/resources/policies/civil/caa/stationary/hpvmanualrevised.pdf>

B. CWA SNC Policy:

- 1. Clean Water Permit Program (NPDES), 40 CFR Part 123.45, Noncompliance and Program Reporting by the Director, Appendix A, Quarterly Noncompliance Report (QNCR), January 4, 1989, as amended June 2, 1989 and July 24, 1992);
- 2. CWA Enforcement Management System (EMS), 1989
<http://www.epa.gov/Compliance/resources/policies/civil/cwa/ssodoc.pdf>

C. RCRA SNC Policy:

- 1. Hazardous Waste Civil Enforcement Response Policy, dated December, 2003
<http://www.epa.gov/compliance/resources/policies/civil/rcra/finalerp1203.pdf>

III. Office of Inspector General (OIG) Audits and OECA Responses:

A. CAA:

1. Consolidated Report on OECA's Oversight of Regional and State Air Enforcement Programs (E1GAE7-03-0045-8100244), September 25, 1998
<http://www.epa.gov/oig/reports/1998/8100244.htm>

B. CWA:

1. State Enforcement of Clean Water Act Dischargers Can Be More Effective (Report No. 2001-P-00013), August 2001
<http://www.epa.gov/oig/reports/2001/finalenfor.pdf>

C. RCRA:

1. Appropriate Violator Classifications and Timely Initial Enforcement Actions Would Strengthen Montana's RCRA Enforcement Program, 000762-2001-P-00004, March 28, 2001
<http://www.epa.gov/oig/reports/2001/reramontana.pdf>
2. Identification and Enforcement of RCRA Significant Non-Compliers by EPA Region III and the Virginia Department of Environmental Quality, 1999-P-00215, September 20, 1999
<http://www.epa.gov/oig/reports/1999/9P00215.pdf>
3. Region 2's Enforcement of RCRA, 1999-1-00224, July 21, 1999
<http://www.epa.gov/oig/reports/1999/9910224.pdf>
4. Region 5 - Resource Conservation and Recovery Act Significant Non-Complier Enforcement, E1DSD8-05-0036-9100110, March 23, 1999
<http://www.epa.gov/oig/reports/1999/9100110.pdf>